PLEASE READ	ALL INSTE	RUCTIONS	BEFORE (OMPLET	ING THIS FORM	
APPLICATION FOR	1/0-	DEPARTMEN Katherine Ha Secretary of S		HC	AND FILED	
DOCUMENT # P960000 ZOIS				00 JAN 1 AM 10: 57		
1. Corporation Name				SECRETARY OF STATE		
BENELAND, INC.					TÄLLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address						
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable				Date Incorp	orated or Qualified	
Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			To Do Business in Florida 1/2/96		
City & State Washin		ton, D	2	1	Applied Not App	
Zip Country	Zip	Country	,	6.	E OF STATUS DESIRED (\$8.75 Additional Fee	
7. Names and Street Addresses of Each Officer and/	or Director (Florid				E. A. Sandara Constitution	, 3,512A
Title(s) Name of Officers and/or Directors 2		Offi	eet Address of Each icer and/or Director e Post Office Box N		City / State / Zip	
P Iraklis Karabassis 3236 Pro			spect_St.	N. W.	Washington, D. C. 20	007
V Christos Karabassis 3236 Pro		3236 Pro:	spect_St	. N. W.	Washington, D. C. 20	007
S Yasmine Karabassis 3		3236 Pros	spect_St.	NW	Washington, D. C. 20	07
D Iraklis Karabassis 3236		3236 Pros	spect_St.	NW.	 Washington D. C. 20 	0.0.7_
D Christos Karabassis 3236 Pro			spect St.	_NW	Washington, D. C. 20	007
D Yasmine Karabassis 3236 Pros			spect St. N. W. Washington, D. C. 20007 9. Name and Address of New Registered Agent			
NRAI SERVICES INC			Name	<u> </u>		CR2E081 (12/98)
526 E, PARK AVE TALLAHASSEE, FL 3230/			Street Address (P.O. Box Number HNN Able in 1917) 1917 1917 1917 1917 1917 1917 191			
TAllahASSEE, FL 3230/			100000000000000000000000000000000000000			
		Alam de discontinuo	City	elization of Conti	State Zip Code	
Signature of Registered Agent	Ve named corpora		AVP	bligations of Section	Date 5-10-99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No						
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for disso owed by the corporation have been paid and the ron this application is true and accurate, and my significant	ilution has been eli names of individua	iminated, the corpor its listed on this form	rate name satisfies n do not qualify for	the requirements an exemption und	of section 607.0401 or 617.0401, F.S., that all fe	ees
SIGNATURE: A QUELLOS	VTED NAME OF SIG	raklis	Karabas	sis De	429/99 202 333 97 9 2 Date Daytime Phone #	_

May 24, 1999

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314

Dear Reader:

On March 1, 1996 we took over BENEDADE, INC., BENESAWGRASS, INC. and BENESOUTHBEACH, INC. moving the office from 1101 Brickell Avenue. Suite 1103, Miami, Florida 33131 to 1200 Wisconsin Avenue, N. W. Washington D. C. 20007., in order to reduce expenses from these companies in financial difficulties.

During this transition we concentrate our efforts in paying existing liabilities, payroll and taxes, with the reluctant cooperation of the office employee that were aware of the future closing of the local Office.

We were not familiar with all the Florida laws, and we did not maintain on file with the Secretary of State the current addresses of these corporations, consequently, we did not file the required annual reports.

I am enclosing checks for \$665.00 plus the \$.8.75 additional fee required for a a Certificate of Status or the total of \$673.75 for each company, and requesting the abatement of any penalties that the omission of the annual report has caused.

Sincerely,

BENEDADE, INC., BENESAWGRASS, INC. AND BENESOUTHBEACH, INC.

Accountant